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APPLICANTS

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** CONTINUING DATA ***** *OK, PR*
 This application is a CON of 10/032,302 12/21/2001 ABN
 which is a CON of 09/082,047 05/20/1998 PAT 6,527,767

** FOREIGN APPLICATIONS ***** *None, PR*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 13	TOTAL CLAIMS 68	INDEPENDENT CLAIMS 10
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Verified and Acknowledged *R. Hollins*
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TITLE
 CARDIAC ABLATION SYSTEM AND METHOD FOR TREATMENT OF CARDIAC ARRHYTHMIAS AND
 TRANSMYOCARDIAL REVASCULARIZATION

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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